THE MEDICAL NEWS AND LIBRARY.

VOL. XVIII. AUGUST, 1860. No. 212.

CONTENTS.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Chronic Bronchitis and Emphysema.—Of the number and variety of affections of the pulmonary organs which constantly present themselves for treatment at our hospitals, perhaps there is none so distressing, and so difficult to relieve effectually, as the above complication. Chronic bronchitis alone requires much attention and care, but when interlobular emphysema is combined with it the disease is quite incurable, and our efforts can be at best but palliative. Although this double form of chest disease is one of the peculiarities of the aged who are subject to constant exposure, it is pretty commonly witnessed also in middle-aged and even younger persons; and in many instances wherein it is seen in apparently strong and vigorous individuals, the emphysema has been the primary affection, originating probably in rupture of the air-cells during forcible bodily efforts. To take a single example out of a number in illustration: A hitherto strong and robust man (Nathan N———), aged forty-four years, a gas-stoker, was lately admitted into St. Bartholomew's Hospital, under Dr. Farre's care, with extensive emphysema and chronic bronchitis, which he has had for nineteen years. The suffering from dyspnœa and shortness of breath during that long period, in a strong man, may be very readily imagined. Now, he was suffering from the consequences of this double malady; there was anasarca of the legs, body, and face; the prominent parts of his rounded back were swollen like puddings; the face was dusky, the lips blue, and the breathing very distressing. He was subject to epistaxis; the urine contained no albumen. In the treatment, attention was paid to the bowels; sinapisms were applied to the chest; cup-

Published monthly by BLANCHARD & LEA, Philad'a, for One Dollar a year; also, furnished GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

ping was resorted to between the shoulder-blades; he was ordered a mixture of decoction of senega, carbonate of ammonia, tincture of squills, and nitrous ether; and was besides put upon brandy. The improvement by treatment was but transitory, for he become moribund in the fourth week, and died shortly afterwards. As we learnt from Mr. Sprague, clinical clerk, there was strong pulsation in the external jugulars, and a systolic murmur of the heart, some days before death.

We might give many more illustrations of this malady, even in St. Bartholomew's Hospital alone, but the present is sufficient for our purpose. Sometimes powerful medicinal treatment will do much in removing the urgency of the symptoms, but it never cures. And this leads us to ask the question, whether some relief might not be afforded by tapping the lung through the parietes of the chest (as we do in cases of thoracic fluid effusions), for the purpose of letting a certain amount of air escape, and so reduce the great pressure constantly exerted by the distended lungs upon the heart and its bloodvessels. At any rate the suggestion is worthy of remembrance in desperate cases.—*Lancet*, July 7, 1860.

—

Fracture of the Femur and Compound Fracture of the Leg and Ankle of the same Limb.—The question of amputation is one of some moment in cases wherein there may be a double fracture in the same limb. It has not met with any special attention in the more modern works of practical surgery, and its consideration was fully dwelt upon in a case recently admitted into University College Hospital, under Mr. Erichsen's care, of which the following are the particulars:—

A man sustained a severe compound fracture of the leg by a heavy flagstone falling upon it; the injury extended into the ankle-joint. A simple yet comminuted fracture was also present in the same limb at the middle of the thigh. The former necessarily demanded amputation. The question, however, arose as to where it should be performed, whether between the two fractures, or above the fracture in the thigh. Now, as this practical point had never been discuesed, it became necessary to judge by the peculiar circumstances as they presented themselves. In some observations made to the pupils, Mr. Erichsen observed that when there is a compound fracture of the lower part of the leg, amputation is usually performed just above it. If the soft structures between the two fractures had been perfectly sound and not bruised, there would have been no reason against the performance of amputation between the two fractures. On examining the limb, however, the intervening soft structures were found to be unsound; there was a bruise in the popliteal space, and an extravasation of blood in the lower third of the thigh, extending downwards to the calf. This arose from laceration of some of the smaller vessels, and not of the main trunks, because there was pulsation in the posterior tibial artery. This condition materially influenced Mr. Erichsen's decision, and he accordingly amputated in the thigh higher up than the seat of fracture. The suspicion as to the state of the thigh was found to be correct after the operation; and the patient died from collapse and exhaustion a short time after, although but little blood was lost. This case was one particularly interesting to the surgeon from the question involved; for here was an injury in the leg which required amputation, and one in the thigh which did not, and yet it had to be performed above that which did not require it, because of the state of the intervening structures.

In April, 1859, there was a case somewhat like the foregoing in the same hospital. A man was admitted with a compound dislocation of the wrist-joint and a comminuted fracture of the lower end of the radius. It was necessary to amputate the arm. There was also some injury to the shoulder joint, extravasation of blood into the axilla, and simple dislocation of the head of the bone into the axilla; the latter had arrested the circulation through the limb. Mr. Erichsen reduced the dislocation, when the pulsation at once returned into the wrist, showing that the axillary artery was uninjured; and although there was extensive ecchymosis about the axilla with extravasation, still the intervening parts were healthy, and he amputated at the upper part of the forearm. The man completely recovered, and went out well. This case bears somewhat upon the other; but the question of amputation is solved by ascertaining the condition of the intervening parts.—*Ibid.*

—

Extraction of Metallic Foreign Bodies when Implanted in the Tissues.—These

when small, as in the case of needles, fragments of needles, etc., which have entered the hand or foot, are sometimes extracted with great difficulty, the object, when deeply placed, slipping away from the forceps. In some cases, notwithstanding prolonged attempts, the object, although it can be plainly enough felt, gets thrust in deeper and deeper, a circumstance even of some danger when the pointed foreign body happens to be placed near a joint. In such a case M. Robert recently pursued the following procedure: A tenaculum was passed into the skin above the point where the foreign body was situated, and the integuments thus raised, were incised horizontally so as to form a small flap, by means of which every access was given for the performance of extraction, which was executed without exerting any pressure on the body. After the extraction the little flap was reapplied, and maintained by adhesive plaster.—*Med. Times and Gaz.*, Feb. 18, from *Bulletin de Thérap.*, T. lvi.

—

Carcinoma of the Penis Requiring Amputation.—The rapidity with which epithelioma sometimes spreads, when it has once originated, is really astonishing. It resembles, in this respect, the enlargement of medullary disease, with this difference, that it does not attain to any great bulk. Its growth on the prepuce is generally moderate and slow; but an exception to this was recently witnessed in University College Hospital, in a case under the care of Mr. Erichsen. A man, thirty years of age, the subject of congenital phymosis, noticed a small, hard knob under the prepuce six weeks before his admission. It involved this membrane, and grew rapidly. The prepuce was slit up by a surgeon, who found it studded with these knobs. Since then, epithelioma developed very rapidly, and now it is studded with hard masses, of the size of cherry-stones; but the disease has implicated the anterior part of the penile organ itself. The patient looks sallow, cachectic, and thin, and has the appearance of a man of forty-five instead of thirty. There was no glandular enlargement anywhere, and Mr. Erichsen believed it best to remove the entire disease in the usual way —namely, by amputation.

There was no reason to suspect syphilitic disease in this case, because the patient is married, and seems a steady, sober man. It is interesting in relation to the question, whether phymosis was the cause of it; for, in the majority of instances, that peculiarity has preceded the development of the epithelial carcinoma. Mr. Erichsen remarked, on the authority of Mr. Travers, that epithelioma is unknown amongst the Jews. There is good reason to believe the local irritation of phymosis will produce it, as in other parts of the body. In a recent case at this hospital, the patient had phymosis, and the prepuce was slit up by the man himself. When affecting the prepuce, the disease spreads to the glans, and, when involving the latter, it readily extends to the organ itself. Amputation was performed whilst the patient was under the influence of chloroform, and a very large mass of disease was taken away. The patient is going on well.—*Lancet*, July 7, 1860.

—

Impaired Sight Consequent upon Lightning.—H. N., a delicate-looking girl, aged twelve, was admitted on July 12, under the care of Mr. Dixon, with the statement that she could see but very imperfectly with the left eye. It appeared that three years before she had been dazzled by a very vivid flash of lightning, after which her eye inflamed. It remained weak for a time, but subsequently quite recovered. She attributed the relapse, which had occurred during the last week, to the effects of a vivid flash of lightning which she had seen during one of the then prevalent storms. On examination with the ophthalmoscope the humours were seen to be perfectly clear, but the retina itself was congested and slightly hazy; there was no intolerance of light, and the examination did not in the least distress her. The difference in transparency between the two retinæ was decided. As the child was delicate looking and had a feeble pulse, it was evident that tonics were indicated. She was ordered to take half-a grain of quinine three times a-day, and to have a blister behind the left ear. The blister was repeated at intervals of a fortnight three or four times. In October a second ophthalmoscopic examination was made, and although she could now see much better with the left eye, yet its retina presented a decidedly different degree of transparency from that shown in the right. The quinine mixture was continued until the following January; throughout she had been ordered a liberal diet, and perfect rest of the

eye, as regards reading and needlework, had been enjoined. On January 9 she was discharged, being now able to see nearly equally well with either eye.—*Med. Times and Gaz.*, Feb. 18, 1860.

—

Deposit of Lead in an Ulcer of the Cornea. It is well known that lead lotions are not admissible in cases in which there is a solution of continuity of the surface of the cornea, whether it is produced by ulceration in the course of disease, or by an abrasion of the epithelium by accident. The lead lotion, as prepared generally, contains a good deal of lead in the form of the insoluble sulphate and chloride; and even if it were properly made with distilled water, the salts of the tears, etc., will rapidly precipitate it in the insoluble form. The nitrate of silver is liable to a similar objection. Being changed to the insoluble chloride, it becomes fixed, and is by the action of the light reduced to the oxide, and probably ultimately to a metallic state, occasioning a disagreeable permanent brown color of the white of the eye. It is not, however, very often that a patient presents himself with well-marked deposit of lead, as the lotion is not often persevered in for a sufficient length of time in those cases in which it is generally employed. In the following case, however, it had been used very often, day and night, at very frequent intervals.

A man of middle age applied with what he called inflammation of the left eye. On looking into it, a small white patch, the size of two pins' heads, was seen on the cornea below the pupil. Mr. Dixon declared it to be a deposit of lead, which had occupied the site of an ulcer. It was very superficial, and was readily scraped off by an eye-spatula, and that without much pain. If it had been seated over the pupil, as in a case related by Mr. Dixon,[1] it might have interfered very much with vision, and, if early attention had not been paid, permanently. As in the case narrated, and in the case related by Mr. Dixon, the deposit is generally superficial, and, if removed early, the surface is quickly repaired. On inquiry, it was found that the man had been treated with a "white lotion" for some inflammatory condition of the eye. Of this lotion he had had ten bottles, and had used one in a day. He then had three bottles of "clear lotion," probably nitrate of silver. The substance removed was subsequently tested, and this gave the only evidence wanting as to its being lead. The man came again in a few days. The eye was much better. There was no intolerance of light, and no signs of irritability about the eye, and the surface from whence the lead was removed was healing.—*Med. Times and Gaz.*, July 7th, 1860.

[1] "Diseases of the Eye," p. 91.

—

Laceration of the Upper Lid—great Difficulty in Procuring Union.—Every now and then, after operations for hare-lip and other plastic procedures, on removal of the sutures, the parts again separate, to the great disappointment of both patient and surgeon. The following case may serve as a good model of the persevering treatment which ought to be pursued under such circumstances:—

A healthy lad, aged fifteen, had the upper eyelid of his left eye torn by catching it on a hook. The laceration involved the cartilage, and extended from the free border of the lid, in a direction upwards for at least half-an-inch, causing a gaping wound. He was taken to St. Thomas's Hospital shortly after the injury, and the torn parts were united by sutures. The accident occurred on Friday, December 23. The sutures tore out, and on the Monday following he was brought to the Ophthalmic Hospital with a large and most unsightly wound. The house-surgeon to the hospital lightly refreshed the edges, and put in wire sutures. These again tore out, and the wound gaped as before. Hare-lip pins were now used, but for a third time the hopes of union were disappointed. On January 9, more than two weeks after the injury, Mr. Dixon had the boy put under chloroform and pared the edges freely, and having done so passed a hare-lip pin a little above the free edge of the lid and at a considerable distance from the margin of the wound, so as to give it good hold. The upper part of the wound was brought together by two points of interrupted suture. From this last (the fourth) operation most perfect results were obtained. The parts united firmly, and a fortnight later, when the boy came under our observation, only a linear cicatrix was visible, and there was no irregularity in the contour of the lid.—*Med. Times and Gaz.*, Feb. 18th, 1860.

LECTURE.

Lectures on the Surgery of Childhood. Delivered at the Hospital for Sick Children. By ATHOL A. JOHNSON, ESQ., Surgeon to Hospital.

LECTURE III.—SURGICAL DISEASES. *Hernia in Children; Statistics; General Remarks on Hernia in Children; Congenital Umbilical Hernia; Adventitious Umbilical Hernia of Infancy; Nipple-like Fleshy Tubercle of Umbilicus; Inguinal Hernia in the Male Child; Congenital Inguinal Hernia; Complications; Hernia Infantilis; Inguinal Hernia in the Female Child; Treatment of Inguinal Hernia; Frequency of Diseases of the Bones and Joints in Children; Inexpediency of Hasty Excisions of Joints or Amputations in early life; Concluding Remarks.*

GENTLEMEN: In the present lecture, we arrive at last at the surgical diseases, properly so called. The constitutional peculiarities of childhood impress their character upon these diseases, and modify their progress, their termination, and their treatment. Independent of these modifications, we find numerous affections which are either peculiar to early life, which are then most frequently met with, or, at any rate, which present at this time certain specialities deserving our attention.

Hernia. I hinted in the first lecture that these diseases might be connected with some congenital defect, might arise from injury, or might depend on less obvious causes, constitutional or local. I purpose occupying the greater part of your time to-day with the consideration of an affection belonging to the first of these divisions; viz., hernia, as it is met with in the child. I do so, because—though I may have little that is absolutely new to offer to you—I have found practically that somewhat vague, not to say erroneous, notions on the subject exist in the minds of certain practitioners, and perhaps, too, I may be able to collect and present to you at one view, with the brevity which a lecture enforces, various facts and observations, most of which exist, indeed, in such admirable works as those of Lawrence, Scarpa, and Cooper, but which are there dispersed and mixed up with the description of the disease as it occurs in the adult.

Hernia is an affection which is very frequently met with in children. According to Malgaigne, within the first year after birth, *one* male child in every *twenty* is ruptured; after the first year, however, the proportion steadily falls, till at the age of thirteen, it has become as low as *one* in *seventy-seven;* beyond this time of life, the ratio begins again to rise.[1] From Mr. Heather Bigg, through whose hands pass about two thousand cases of hernia annually, and to whom I am indebted for much valuable information, I learn that during the past year the proportion borne by his cases of rupture in children to those of adult life, was as *one* in *nine*—the numbers in early life being as follows:—

From 1 month to 3 years	126
From 3 years to 6 years	49
From 6 years to 10 years	34
From 10 years to adult life . . .	15
	224

At this Hospital there have come under my notice 133 cases of hernia (all, of course, in children), 88 of which occurred in males, 45 in females. Though this number may not be very large, it is probably sufficiently so to enable us to institute some comparison with the records of cases at all ages preserved at the Truss Society.

Out of the 133, 66 were *umbilical;* 35 occurring in females, 34 in males; the ages at which they were brought to the Hospital varying from sixteen days to three years, but in the great majority being less than twelve months. As far as *umbilical* hernia is concerned, then, there was little or no difference in the two sexes, the numbers being almost identical. *At all ages*, in the Truss Society's report for twenty-eight years (Lawrence, *On Hernia*), for 2775 cases of umbilical hernia in the female, there were only 664 in the male, or in the proportion of about 100 to 24. In children, then, it would seem that the great preponderance of this form of rupture in the female sex, which is met with in after life, does not obtain.

[1] The following table is taken from Malgaigne's *Recherches sur la fréquence des Hernies*, etc.:—

From birth to one year, the proportion of cases of hernia in male subjects is as	1 to 20.67
From 1 to 2 years	1 to 29.09
" 2 to 3 "	1 to 36.87
" 3 to 4 "	1 to 55.64
" 4 to 5 "	1 to 59.72
" 5 to 13 "	1 to 77 31
" 13 to 20 "	1 to 41.72
" 20 to 28 "	1 to 30.74
" 28 to 30 "	1 to 20.23

Of *inguinal hernia*, I have had 64 cases, 54 in the male and 10 in the female. This form of hernia is much more common in male than in female children, as 100 to about 18.5. It would appear, however, to be by no means infrequent in girls, being in fact proportionately more common in them than in the grown woman, for *at all ages* the proportion is as 100 to 2.2.

Dr. Küttner, in an article on the influence of sex upon the diseases of children, founded on observations at the Children's Hospital at Dresden, states that the disposition to ruptures appears to be greater in boys than in girls; as, out of 116 cases of navel and inguinal herniæ, 75 were in males and 41 in females. These numbers agree very closely with those noticed at this Hospital; for, as Dr. Küttner does not distinguish between the two forms of hernia, the greater frequency of *inguinal* rupture in the male inclines the balance strongly in that direction.

I have given these statistics, which must, of course, be taken for what they are worth; because, from certain remarks a few months since in a medical journal, it appeared to be the opinion of one of our best informed and most intelligent surgeons that inguinal hernia was not merely very rare in women, *but especially so in young ones*; and though, on the authority of Mr. Kingdon, this statement was afterwards modified, it was added that inguinal herniæ in young females "never become strangulated." It so happens, however, that a case of strangulated inguinal hernia in a young female came under my care at this Hospital in 1856.

A girl, of the name of Jeannette Mairie, eleven years of age, was admitted on July 2d, with strangulated inguinal hernia of the right side. She had been wearing a badly fitting truss, but the bowel had come down on the previous day, and could not be returned. The hernia, when I saw it, was of small size, very tense and tender, and accompanied with the usual symptoms of strangulation. I succeeded at last, though with considerable difficulty, in returning the bowel, and no operation was required.

It will be noticed that I have said nothing of *femoral hernia*; in fact, it is this form of rupture which is really most uncommon in children, whether of the male or female sex. My friend Mr. G. D. Pollock, whose connection with the Truss Society has given him an extensive field of observation in this affection, corroborates this assertion; Mr. Heather Bigg informs me that not one case of femoral hernia in a child has come under his notice; I have never seen a case of it at this Hospital; Lawrence, in his admirable work on *Hernia*, mentions only one case below the age of 12 (our limit at Great Ormond Street); this one having been noticed by Sir Astley Cooper. Still it does occur, and may even become strangulated, requiring the usual operation for its relief. A girl, 8 years of age, was brought to St. George's Hospital in April, 1854, with a strangulated femoral hernia of the right side, of recent origin, for which she had never worn a truss. She was operated on by Mr. Johnson, when a very small knuckle of intestine, coated with lymph, as well as a small portion of omentum, were found in the sac. The case did well.

Before speaking of the particular forms of rupture, I may offer a few remarks applicable to hernia generally as it is met with in the child.

1. With regard to the contents of the sac. These are generally *intestinal*, for the omentum in infancy is short and imperfectly developed, seldom reaching much below the navel. The large intestine too, especially the sigmoid flexure, at this time of life, is comparatively movable, and hence there would be, perhaps, a greater chance of finding this present when the sac is opened.

2. It is in early life especially that a radical cure of hernia may be hoped for and confidently expected, if methodical pressure is steadily maintained for a certain period. In umbilical and congenital inguinal herniæ there is a strong natural tendency of the openings to contract; and if we only prevent the protrusion of the bowel, we may calculate, almost with certainty, on obliteration taking place, on the abnormal channel becoming blocked up. Even in the non-congenital form of inguinal hernia a permanent cure will, in all probability, be effected, for in very early life the development of the pelvis is rapidly inducing changes in the inguinal canal which becomes more and more oblique; the intestines and other abdominal organs are enlarging, and consequently less prone to protrude, and the dilated opening tends to contract, if no unnatural distension of it be permitted, in obedience to the general law by which hollow parts adapt themselves to their contents.

3. In our treatment, we must bear in

mind not merely that early attention implies permanent cure, but also that ruptures in infants, if allowed to remain unreduced, are by no means unattended with danger. Incarceration and strangulation may take place at any age; and though they may be relieved without the use of the knife with comparative frequency in early life, yet, if reduction cannot be effected, the subsequent ill consequences advance with much rapidity, and no time should be lost in having recourse to operation. Mr. Fergusson has been called on to operate on an infant seventeen days old; and Mr. Erichsen in two, under the age of six weeks. At St. George's Hospital, within the last seven years, there have been, in addition to the case of femoral hernia already alluded to, four of inguinal hernia, requiring operation, in children varying in age from eleven weeks to fourteen months; of these, one was *oblique*, the other three *congenital*.

4. The truss to be worn need not, of course, be of anything like the strength required in the adult, but it may be employed, with certain modifications to be alluded to hereafter, with perfect safety in the youngest child, and the sooner its use is commenced, the less the danger of the patient, the greater the chance of his permanent relief. Considerable care, however, is required in the management of the truss; for, in consequence of the rapid alterations taking place in the size of the patient, the truss which at first fits well may soon prove useless, and the cure be making no progress, the patient's life really endangered. I have said nothing of the operation for the radical cure of hernia in children, because, without denying that it may in some cases be called for, I cannot but think that we are seldom justified in having recourse to an operation, by no means absolutely unattended with danger, to effect that which can usually be accomplished without the slightest risk. In the adult, of course, the conditions are different, the chance of cure by compression alone being in their case comparatively small. I may mention that a child has been brought to me on whom the operation had been performed and *failed*, the hernia having been reproduced.

These remarks may seem, perhaps, unnecessary and trifling; but very often, among the out-patients at this Hospital, when an infant has been brought to me with a rupture, I have learned from the mother, that she has been told by medical men and even at public institutions, that "the child was too young to wear anything; that she must wait till the infant was much older."

Umbilical Hernia. This is the form most characteristic of early life, becoming comparatively rare as we advance in years, especially in the male sex. Umbilical hernia may be strictly congenital, or may come on soon after birth; both these forms presenting certain differences from that which is met with in the adult.

Congenital Umbilical Hernia. At an early period of intra-uterine life, the greater part of the intestine is placed inside the root of the umbilical cord, the anterior abdominal muscles being widely separated from one another, especially in the region of the navel. As development advances, the bowel enters the abdominal cavity, and an aponeurotic ring surrounds the base of the cord, which at birth should only contain the urachus and the umbilical vessels. Occasionally, however, it happens that the base of the cord remains of considerable size and continues to lodge some portion of the intestine; we then find a rounded or conical pouch, the top of which corresponds to the umbilical cord, its base to the aponeurotic abdominal ring, which is preternaturally dilated, whilst its sides are composed of skin, of cellular tissue more or less condensed, and of the peritoneum. The size of this pouch may vary very considerably; sometimes it includes the large intestine, the stomach, and even the liver and spleen. More frequently, fortunately, it is of small size, and lodges only a portion of intestine. It has been a question in this, and, indeed, in the other forms of umbilical hernia, whether any covering of peritoneum is present, whether in fact a sac exists. Unquestionably it does, the error of those who maintained a contrary opinion having probably arisen from an idea that the vessels of the cord perforate the serous membrane as they enter the abdomen, instead of having a reduplication of it thrown around them. Still, from the thinness of the coverings and the close connection between the peritoneum and the integument at the seat of the cicatrix, it is difficult at this point to trace the distinction between the two, and much caution is necessary if we are called on to operate.

Treatment. If the protrusion is exten-

sive and embraces other viscera besides the intestine, the chance of the child surviving becomes very small, especially as this condition is often combined with other malformations prejudicial to life; though cases are on record in which a spontaneous cure has occurred even when a portion of the liver has been prolapsed. If, on the other hand, the case is uncomplicated, if the tumor is small, and includes only a moderate amount of intestine, the chances are more favourable. In dividing the cord, care must be taken not to include any portion of the protruded bowel in the ligature; for, if very small, its presence may be overlooked, and the intestine may be, and has been, fatally injured. The hernia having been carefully returned, pressure may be applied by means of suitable compresses, and the parts kept in position by bandages or plasters. Under this treatment, the stump of the cord may be expected to separate in about a week after birth without the bad consequences which would result if the intestine were still prolapsed.

Adventitious Umbilical Hernia of Infants. Even if no hernia exist at the time of birth, it may make its appearance soon afterwards; for the aponeurotic opening through which the umbilical vessels pass is not at once obliterated on the formation of the cicatrix; its contraction and the consolidation of the parts around proceeding gradually, and requiring a certain time before they gain the power of resistance which is met with ultimately. During this period, the intestines, becoming distended by the food they receive, and compressed by the action of the abdominal muscles, may be protruded through the umbilical opening, which offers less resistance to their impulse than any other portion of the linea alba. Hence it is, that this form of hernia occurs most frequently within the first year of life. In the adult, on the other hand, the navel is so firm and solid that the hernia, unless it has continued from infancy, is more likely to take place above or below the proper umbilical opening, but more frequently above, in consequence of the greater breadth of the linea alba in this situation. Even in children, however, the rupture is not invariably situated at the umbilicus itself; in a child of the name of Eva Beckford, aged three, who was under my care, the hernia occurred distinctly above the navel.

The contents of the sac consist usually of intestines; in a case, however, related by Cabrolius, where the child, a female, had been born with obstruction of the urethra, a navel rupture had formed consisting of the bladder, which soon gave way externally, so as to form a urinary fistula in this situation. The child grew up, and, at the age of eighteen, the urethra was opened by operation, the urine resumed its natural course, the umbilical tumour subsided, and the fistula closed.

With respect to the treatment, it may be remarked that owing to the natural disposition of the ring to contract, a cure may take place independently of any interference on the part of the surgeon. It would not, however, be safe to trust entirely to nature; for, if the ring is kept habitually distended, its contractile tendency will gradually be lost, and the opening remain permanently patent. To insure a cure we must at once return the protruded bowel, and keep it reduced. For this purpose the ligature was at one time employed; but, though Desault warmly supported this operation, its consequence in the hands of others was so injurious, that its use is now generally abandoned, compression offering a safer and equally efficacious means of relief. In very young infants, and when the rupture is slight, covering the part freely with pure collodion may occasionally prove effectual. As this, however, cannot often be depended upon, we must usually employ more decided pressure, which may be applied by means of a piece of cork or some similar substance, secured by the aid of plasters; or, better still, by a shield of gutta percha with a nipple-shaped projection in the centre, like these, which were constructed by Mr. Braine, our most intelligent house-surgeon. A very efficient, and at the same time inexpensive instrument also, is the one I show you, consisting of a pad inserted in a broad band of elastic material, which is made to lace behind so as to adapt it exactly to the individual case; this can be managed with sufficient ease by a mother of ordinary intelligence, to insure a ready cure. Should strangulation occur, and an operation be required (which, however, is most improbable), it might perhaps be as well to try and relieve the stricture without opening the sac, as the chances of recovery in the adult appear to be increased by this procedure.

Nipple-like Fleshy Tubercle of the Umbilicus. I venture to introduce here a few

words respecting a troublesome affection of the umbilicus, which might possibly be mistaken for hernia, and of which I have seen several cases, though the only notices of it I have met with are by Lawrence, who shortly alludes to it, and by Sir Astley Cooper, who devotes a few lines to it under the name of fleshy tumour of the navel. In these cases we find, rising from the centre of the main umbilical depression, a stout, nipple-shaped papilla, or tubercle, of uniform thickness, which may be nearly an inch in height, and about as much in circumference. It is firm in substance, of a florid red colour, moist on the surface, and discharging a mucous secretion, the reddened surface becoming continuous at its base, by an abrupt and well defined line, with the ordinary skin. Occasionally, there is an aperture at its summit, through which I have passed a fine probe, for the distance of two or three inches; in no instance, however, have I found it lead to the bladder, nor have I seen any urine passed through it. In other cases, the tubercle has been quite solid, without any central opening. There is usually no pain in the part, except when it is handled. The constant secretion, however, as well as the bleeding, which readily occurs on any friction by the clothes, render it a source of considerable inconvenience. The condition is said to be congenital, or at least noticed from the time of separation of the cord. I have seen it at 2, 3, 5, and even as late as 7 years of age, in children of whom all previous treatment by various practitioners had been unsuccessful.

The application of nitrate of silver (solid or in solution), of sulphate of copper, etc., I have always found to fail in curing it. In some cases, however, I have succeeded, by means of the acid nitrate of mercury repeated several times; but the most certain way is, to include its base in a ligature, when the dead part separates in a few days, leaving a healthy surface behind it, which soon cicatrizes. I have had no opportunity of examining the exact nature of this tubercle; it does *not*, however, belong to the class of nævoid or erectile tumours, though the moistened surface bleeds readily, as I have already mentioned. Sir Astley Cooper states that, in a case of this kind brought to him from the country, at the age of seven, he "found it arose from the circumstance of the funis being so long as to project beyond the skin of the navel, which prevented its cicatrization."

Inguinal Hernia in the male child may be *oblique*, rarely, if ever, *direct*. That common oblique hernia really occurs in very early life is demonstrated occasionally during operations. In 1852, Mr. Cæsar Hawkins found this form of rupture in an infant eleven weeks old, on whom he operated at St. George's Hospital; and Mr. Lawrence notices the same fact. In the great majority of cases, however, the hernia is "*congenital*," though in truth this term is not strictly correct, as the rupture may not actually occur till a very considerable period after birth. In this case the protruded parts descend along the canal of communication between the peritoneum and the tunica vaginalis, which has not become obliterated, the bowel coming into direct relation with the testicle, which appears, as it were, contained within the sac. The testicles, it is well known, are originally formed in the abdomen, where they are situated immediately below the kidneys, and it is not till about the fifth or sixth month of fœtal life that they begin to shift their position, traversing the inguinal canal during the eighth month, and towards the end of the ninth reaching the bottom of the scrotum, where they are usually found at the period of birth. The natural alteration in the position of the testicles requires corresponding changes in its serous covering—the tunica vaginalis. This membrane, which originally formed part of the peritoneum, still communicates with it for a short time after the gland has reached the scrotum; soon, however, the communication becomes cut off, and at birth the upper end of the canal is *frequently*, but by no means *invariably*, closed. According to the observations of Professor Engle, the canal is closed at birth in ten per cent.; but more constantly, or at any rate more completely, on the left side than on the right. In this way, perhaps, the greater frequency of inguinal hernia on the right side may, to some extent, be accounted for, since it may be noticed that in infants, as well as in adults, inguinal hernia is much more frequently met with on the right side than on the left, and it is evident that the cause for this difference usually assigned—namely, "the employment of the right side in those offices of life which require the most powerful exertion"—will hardly apply in the case

of infants. At the end of a fortnight, no trace of the canal was to be found on the left side in 30 per cent., whilst in 60 per cent. it remained open on both sides. In the adult, the vaginal canal, or some remains of it, was discovered in 31 per cent. of the bodies examined. The tunica vaginalis, then, may continue, even for years, to retain its connection with the peritoneum, as it does permanently in quadrupeds, with the exception of the chimpanzee, the only one of the brute race, according to Owen, which resembles man in having the vaginal tunic closed. If this communication is of small size, it may allow only of the passage of fluid to or from the peritoneum, giving rise to what is called *congenital hydrocele;* but if of larger dimensions, some of the abdominal viscera may possibly descend through it, constituting *congenital hernia.*

We must bear in mind, also, that it not infrequently happens that the descent of the testicle may be arrested or incompletely performed, and the gland may remain in the inguinal canal, or even entirely within the abdomen. Should we find, therefore, a swelling in the groin, we should ascertain the position of the testis before we hastily pronounce the case to be one of hernia, lest we subject this gland to the pressure of a truss, as I have seen in more than one instance, neither to the advantage nor to the comfort of the patient. At the same time, we must remember that the imperfect descent of the testis may depend upon the presence of adhesions to the bowel, and the case be complicated, by the co-existence of hernia, adding considerably to the difficulties of our treatment. Moreover, a scrotal hernia may undoubtedly take place whilst the testicle is still retained in the abdomen. Mr. Heather Bigg informs me that he has lately attended a family where two of the sons have had, and been cured of, inguinal hernia of the right side, the testicle never having descended; the father in this case has only one testicle in the scrotum, but has never suffered from rupture.

Occasionally it happens that *encysted hydrocele of the cord* is mistaken for hernia, for if the cyst is placed at the abdominal ring, or even inside the inguinal canal, the diagnosis from hernia becomes often really difficult. The most characteristic point of difference would probably be, the comparatively fixed position of the hydrocele, which can neither be brought completely down into the scrotum, nor yet be forced entirely within the abdomen, as would happen with a reducible hernia. Mr. Curling, in his valuable work *On the Testis*, relates an interesting case where an acute hydrocele of the cord was mistaken for strangulated hernia, and an operation at one time contemplated. On the other hand, it is possible that an irreducible hernia may resemble and be taken for an encysted hydrocele, as in the case of a boy related by Sir Astley Cooper.

Hernia Infantilis. There is a variety of inguinal hernia which I ought to mention, as it has received the special name of infantile hernia. This, however, is by no means peculiar to infants, and not often met with at this, nor indeed at any age, though Hey, by whom it was first recognized and described, having noticed it in the body of a child who died of this affection at the age of fifteen months, gave to it the name it now bears. The infantile differs from congenital hernia in the fact, that the serous canal of communication has been closed to a certain extent, and there is a distinct and separate hernial sac, formed of peritoneum, protruded, in its descent, from behind into the tunica vaginalis, which as it were overlaps it. On opening the vaginal tunic, therefore, we do not come at once upon the bowel, but find it still invested with a distinct pouch of peritoneum, pushing the posterior wall of the tunic before it. In this way, we may have to divide *three* layers of serous membrane before we get into the interior of the sac, before we actually arrive at the protruded viscus.

Inguinal Hernia in the female child is, probably, in most cases of the ordinary oblique form. A projection, however, of peritoneum into the inguinal canal, according to Professor Meyer, takes place in the female as well as in the male fœtus; and, though less considerable and undergoing its changes much earlier—as soon, perhaps, as the fifth month of intra-uterine life—such a diverticulum may still be found occasionally at birth passing through the abdominal ring in connection with the round ligament. Wrisberg discovered in 19 out of 200 female bodies such a serous canal, existing usually on both sides, occasionally only on one. It is possible, therefore, that a hernia in female children may, in some cases, de-

scend through these diverticula, and may constitute a kind of congenital hernia. Diagnostic marks, however, by which we may be enabled to recognize it, are absent, and we cannot be confident that the existence of such diverticula would materially favour the production of a rupture.

In inguinal hernia, in the female, it may be well to remember that the ovary may descend through the canal, and form the hernial protrusion. In a case related by Billard, occurring in a female infant, a rounded tumour was noticed in the left groin, which was found, after death, to consist of the left ovary, which had passed through the canal and abdominal ring, both of which were decidedly enlarged. The ovary and extremity of the Fallopian tube were lying free at the bottom of the hernial sac, which was formed of a prolongation of the peritoneum, with the cavity of which it freely communicated.

Treatment. In inguinal hernia in the male, as well as in the female, we must bear in mind that a large proportion of the cases, in very early life, is capable of being cured, and consequently it is to this end that our treatment should be directed, with every hope of a permanently successful result. For this purpose, compression should be commenced as early as possible, and maintained constantly by night as well as by day. Under ordinary circumstances, the kind of truss to be adopted may be that for the opportunity of showing you which I am indebted to the kindness of Mr. Heather Bigg. Its principle is that of a slight metallic spring, softly padded, encircling the pelvis about an inch and a half below the crest of the ilium, and terminating at one extremity in a pad of a fungiform or pear shape, the upper portion of which rests against the hernial orifice, whilst the lower passes under the perineum, and is attached to a small hook on the opposite side. The advantage of this special form of truss for hernia in infancy is, as Mr. Bigg remarks, "that the pad not only entirely closes the inguinal canal, but produces a slight uplifting of the perineum, which more than anything tends to prevent the hernia escaping from the inferior margin of the inguinal ring." When the child is a little older, say upwards of three years of age, the fungiform extremity may be dispensed with, and the under-strap fastened to the same side as that on which the hernia exists.

In using these trusses, which may be covered by oiled silk, to prevent their being spoiled by moisture, we must not forget the fact that the pelvis in children is undergoing rapid changes; we must examine the case, therefore, carefully from time to time, and change the truss as soon as it no longer serves its purpose. We must endeavour, also, as far as possible, to enlist the intelligent aid of the mother or the nurse, to impress upon them the necessity of constant care and watchfulness on their part in maintaining effectual compression. The period required for a *cure* cannot, of course, be accurately laid down beforehand. The younger the infant, and the more effectually the hernia is prevented from protruding, the sooner will obliteration of the opening occur; it is probable, too, that a cure will take place the more readily if the hernia is congenital rather than oblique. In some cases, occuring almost immediately after birth, when there has been a difficulty in procuring or in wearing a truss, I have employed a pad of wax, moulded when warm to the shape of the parts, or an air-pad, as suggested by Mr. Erichsen, and secured by means of a flannel or partially elastic bandage, kept in its place by a perineal strap of wash-leather. Or, when the rupture is slight, we may employ an elastic belt, lacing behind and fitted with a fungiform pad as well as with a perineal band, like the one I show you, which was made by Mr. Heather Bigg, at my suggestion. If, in such cases, this or some similar plan is adopted at once, and maintained, so as entirely to prevent the descent of the hernia, even for a week or two, there is a considerable chance of the tunica vaginalis becoming separated from the peritoneum; if not, the sooner the use of the steel truss is commenced the better.

Where the hernia is complicated with partial or complete retention of the testicle, its management often becomes more difficult, and may require special modifications, adapted to the individual case. Sometimes, if the testicle has sufficiently cleared the external ring, a truss may be so adapted as to prevent the rupture from descending without pressing on the testis, or without allowing it to re-enter the inguinal canal. If, however, this cannot be managed, if the intestine is closely adherent to the testicle, and the two cannot be separated, it is advisable to endeavour to return *both* into the

abdomen, and retain them there by means of a truss. In those cases where a rupture has occurred without the testicles having shown themselves at all, it is better also, I believe, at once to apply a truss, and disregard the consequent retention of the testis. It is true that it is desirable, if practicable, that the testicles should be placed in the scrotum rather than in the abdomen. The moral effect of the absence of these glands is considerable, and their development is probably favoured by their existence in their normal position; but, if much delay has occurred, the transition of these organs is seldom perfectly accomplished, adhesion to the intestine is frequently met with, and the persistence of the gland in the groin, complicated as we suppose it to be with rupture, is attended with greater inconvenience, and even with greater danger to life, than its complete retention in the abdominal cavity.

There is no time left for me even to enumerate the other surgical diseases which come under our care at this Hospital; I can only say that they are numerous, complicated, and important. In the eye, for instance, besides congenital cataract, we have the ophthalmia neonatorum and strumous ophthalmia peculiar to early life; and that the affections of the genito urinary organs (to which I hope at no distant period specially to call your attention) contribute in no mean proportion to our operative surgery, this collection of calculi, removed by me at this Hospital, will serve, I think, to demonstrate. Our great surgical *cheval de batgille* is, however, no doubt the disease of the bones and of the joints. The spine, the hip, the knee, the ankle, with, occasionally, the articulations of the upper extremities, are the parts the affections of which principally fill our surgical beds; for there the white-swellings of our older writers abound, there caries may be said to revel.

Diseases of Bones and Joints; Inexpediency of Hasty Operations in Children. It is true that these diseases may appear tedious in their progress, that the succession of patients is not rapid, and that the beds are occupied for a long time by the same individuals; it does not follow, however, that the diseases are devoid of interest, that much may not be learned from their study, or that relief from suffering, rescue from deformity or mutilation, and even preservation of life, may not be accomplished by their steady investigation. It is in children especially that a cure may be hoped for, even in most aggravated forms of disease of these parts; for in children the plastic powers of nature are so great that recovery may take place when in the adult any such hope can scarcely exist. I have no hesitation in owning that, when I first became surgeon to this hospital (not so many years since), I was less unwilling to have recourse to operations than I am now. In recent times, what is called conservative surgery has made much progress, and a joint is now excised, where, formerly, the extremity would have been sacrificed. This is, no doubt, a great improvement, but after all, the most really conservative surgery is, *to save the joint as well;* and this, I feel perfectly certain can, in early life, with care, time, and perseverance on the part of the surgeon, be accomplished much more frequently than is generally supposed. I need scarcely dwell on the advantages of this preservation, if it be practicable; to say nothing of our avoiding the risk of an operation, which is always appreciable, and in the knee is considerable even in children, the length and proportions of the limbs are preserved, and a considerable amount of motion in the joint may ultimately, in almost all cases, be obtained.

In the adjoining room you may see a few examples in illustration of this restorative power on the part of nature. In one child, Alfred Thistleton, in whom the destruction of the parts about the joint was so extensive, the fever so severe, and the health so much impaired, that at one time I was on the very point of proposing excision, you will see that the child is now stout and well, that the limb is a very useful one, and the knee is only partially stiff. The relations have brought these children here to-day for inspection; for it is now many months since some of them were discharged from the hospital, and, consequently, the lapse of time enables you to see that the cure is a permanent one. It is, in fact, I may mention by way of parenthesis, one advantage that we enjoy here, that we are usually able to keep sight of the case long after it leaves our wards, that we are able to watch the changes which subsequently occur, and, in cases of operations especially, to judge of their ultimate results; a great advantage,

and one but too frequently overlooked or found impossible in hospital patients generally.

Whilst writing this lecture, I was glad to find my views on this subject corroborated and confirmed by a most eminent surgeon in Dublin, and one whose opinion might have been expected to incline differently, for he has been the great and successful advocate of excision; I mean Mr. Butcher. In his recently published *Third Report on Operative Surgery*, Mr. Butcher states, that it is "impressed strongly upon his mind, nay, that it is his sincere conviction, that these severe operative measures will very seldom indeed be either warranted or called for" in children. That "repair in the young is to be looked forward to, to be depended upon as a certainty," and consequently that there should be "no hasty removal of diseased joints" in childhood.

Among the poorer classes, it is true, we have many disadvantages to contend with. Time, good air, and good living, are three great requisites in aid of our surgical treatment, but the demand for our beds is so urgent, that the first can seldom be afforded within the Hospital; and, as an out-patient, the child will seldom enjoy the two last, whilst it is deprived also, too often, of systematic care and of judicious nursing. Such impediments to success, as we cannot pretend to ignore them, must be fairly encountered and grappled with; difficulties exist in all cases, and in every sphere of action; it is the part of him who hopes to succeed in life, or who strives to conscientiously perform his duties, to be prepared for difficulties, to exert himself to his utmost to overcome them.

In bringing to a conclusion the first course of lectures ever delivered at this Institution, I may briefly state that they were undertaken because my colleagues, as well as myself, were most anxious to render generally available any information which this Hospital may afford; because we felt that our position here involved a trust, and that our offices had been bestowed upon us, not for our own individual advantage, but with the hope that we might contribute something to the knowledge of the diseases of children, and of their treatment.—*British Medical Journal*, Jan. 28, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Fiske Fund Prize Essays.—At the annual meeting of the Rhode Island Medical Society, held July 11, 1860, the Trustees of the Fiske Fund announced that two premiums, of one hundred dollars each, had been awarded—one to a dissertation on Diphtheria, by Daniel D. Slade, M. D., of Boston, Mass.; and one to a dissertation on Uræmia and its morbid effects, by Wm. W. Morland, M. D., of Boston, Mass.

—

Army Medical Board.—A Board to consist of Surgeons C. A. Finley, R. S. Satterlee, and C. S. Tripler, has been ordered to assemble at Baltimore on the 20th of September, for the examination of assistant surgeons for promotion, and of candidates for appointment to the medical staff of the Army. Applications must be made to the Secretary of War.

—

Medical College of the State of South Carolina.—It is stated (*Charleston Med. Journ.*, July, 1860) that Dr. J. E. Holbrook has resigned the chair of Anatomy in this school, which he has long filled with signal ability.

—

Middle Georgia Medical College.—This is the title of a new institution recently inaugurated at Griffin, Geo. It is the fifth medical school in that State.

The chairs have been filled as follows:—*Anatomy*, L. L. Saunders, M. D.; *Surgery*, J. T. Banks, M. D.; *Mat. Medica and Therapeutics*, R. B. Gardner; *Medical Jurisprudence*, S. H. Saunders, M. D.; *Physiology and Patholog. Anatomy*, F. O. Donnelly, M. D.; *Med. Chemistry*, L. J. Roberts, M. D.; *Inst. and Pract. of Med.*, E. F. Knott, M. D.; *Obstetrics*, T. M. Darnall, M. D.; *Diseases of Women and Children*, M. J. Daniel, M. D.

—

Brooklyn Medical and Surgical Institute.—This is the title of a second medical school chartered during the last session of the New York legislature, for the purpose of establishing and maintaining an Infirmary and Medical College, with powers to grant the degree of Doctor in Medicine.

—

Medical Department of Baker University.—A new medical school with this title

is announced as organized at Leavenworth City, K. T.

—

New York Journal of Medicine.—This Journal, which, during its long career has always been conducted with ability and maintained an elevated and dignified position, has, we regret to learn, been discontinued. It is to be succeeded, however, by a weekly publication.

—

American Medical Times.—This is the title of a weekly Journal which is to replace the *New York Journal of Medicine.* It is under the editorial management of Dr. STEPHEN SMITH, a former able editor of the *New York Medical Journal*, Dr. GEO. F. SHRADY, and Dr. ELISHA HARRIS. The first number, which we have before us, is well supplied with interesting matter, and is issued in a style equal to the best of the London medical weeklies. If continued, and we have no doubt that it will be, as it has commenced, it will deserve and will surely achieve success. The publishers are Baillière Brothers.

—

Cincinnati Lancet and Observer, and Cleveland Medical Gazette.—An arrangement has been effected between the editors of these two journals by which there is to be a joint editorship, and the contents of the two journals will be the same; but each is to appear under its former name, simultaneously, one at Cincinnati and the other at Cleveland. Thus these two journals have actually been consolidated, though appearing under two different names.

FOREIGN INTELLIGENCE.

Death from Chloroform.—The *Medical Gazette* of Lisbon gives an account of a case of death from chloroform, being the first which has occurred in Portugal. The victim was a man aged twenty-nine years, from whom was to be extracted two small cysts from the upper eyelid.

—

Catheterism of the Larynx in Diphtheria.—A very careful investigation of this method of treatment has just been concluded. It had been carried on by a committee appointed by the Medical Society of the Hospitals of Paris, in order to answer the following question put by the Director-General of Hospitals: Has catheterism of the larynx in diphtheria, as recommended by M. Loiseau, been successfully employed in the hospitals of Paris? The committee was composed of Messrs. Béhier, Monneret, Roger, Sée, and Barthez, the latter of whom drew up a very careful report filled with interesting facts, and very legitimate deductions.

The committee think that M. Loiseau's treatment is not so successful as might, from his assertions, have been expected. The local manifestations have sometimes been favourably modified by it; but it does not check the disease—does not prevent its transformation into croup, and is not more efficacious than the remedies usually employed. The catheterism of the larynx, as practised by M. Loiseau, is not a difficult operation, and has afforded temporary relief to some patients. It has cured four out of twenty-six cases; whilst tracheotomy and the internal treatment were successful in nine cases of these same twenty six, after M. Loiseau's treatment had failed. The operation is not free from danger, as it caused the instantaneous death of a child upon whom it was performed. This catheterism, in several cases, did harm, and had to be followed by tracheotomy. The committee are, therefore, of opinion that this mode of treatment cannot as yet be substituted for the means hitherto employed, and should not, as M. Loiseau wishes, make us give up the administration of internal medicines; nor should tracheotomy be replaced by this method, as the operation is pre eminently useful in surgically removing the obstacle which prevents the air from reaching the lungs.—*Lancet*, July 14, 1860.

—

Piperin in Intermittent Fever.—Dr. Meli, of Venice, as the results of numerous experiments, comes to the following conclusions: 1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, or suppresses any secretion, or excretion. The alvine dejections are regularized, and the urinary secretion is rendered active.—*Med. Times and Gaz.*, July 7, from *Presse Belge*, No. 22.

—

Iodine in Ill-conditioned Wounds.—M. Marchal communicated to the Academy the formula he makes use of as a disinfecting

application in ill-conditioned wounds. The compresses may be moistened without its being necessary to remove them, thus avoiding exposure to the air. Iodine, 1 part; iodide of potassium, 2 parts; distilled water, 1000 parts.—*Journal de Chém. Méd.*, May, 1860.

—

Hydropathy.—Until Professor Liebig directed attention anew to the action of oxygen on the human body, the causes of success or failure in hydropathy were unknown. The greatest possible action of the skin is produced under hydropathy, on the system by baths: large quantities of water are taken, and by these means the action of oxygen on the body is promoted to a very high degree, and death ensues, if ever the system is unable to furnish matter to resist the action of oxygen.—*Med. Times and Gaz.*, July 7, 1860.

—

Chloroform as a Hypnotic—Opium and lactucarium are almost the only two agents which induce sleep by a special sedative action; and they both have their inconveniences as well as their highly valuable properties. A hypnotic without these inconveniences would prove an agent of great value, and M. Fonssagrives, of Cherbourg, believes that chloroform is that agent, judging from his having used it with constant success since 1854, when it was recommended by Dr. Uytterhaven, a Belgian practitioner. Sleeplessness arises from different causes; sometimes it is the result of the persistence of a painful symptom which forcibly excludes repose; at others it constitutes an entirely nervous symptom originating in some moral sufferings, absorbing preoccupation, or too prolonged or too active intellectual exertion; while at other times it proceeds from a vicious habit of the cerebral centre. The sleeplessness becoming a cause of sleeplessness; or, finally, the sleeplessness may result from the abuse of hypnotic remedies, or may be an epiphenomenon of certain acute diseases. It is in these latter cases that chloroform is of especial service. The dose is small but effectual, namely, from five to ten drops.—*Bull. de Therap.*, tome lvi.

—

Enormous Hypertrophied Spleen.—M. Sappey exhibited to the Biological Society of Paris a hypertrophied spleen weighing 14 lbs. 4 oz., and measuring 13 inches in length, 9 inches in breadth, and 5 inches in thickness. Mr. S. estimates the average weight of normal spleens to be 6½ ounces.

—

Triplets.—On the morning of the 9th of July, Esther Mackintosh, the wife of a shoemaker, was safely delivered of three full timed female children, by Mr. Tyley, of the Middlesex Hospital, all of whom are living, and together with the mother doing well.—*Lancet*, July 14, 1860.

—

Ozone.—M. Schrötter (Secretary of the Academy of Sciences at Vienna) has discovered ozone in the mineral kingdom. A violet-coloured variety of fluorate of lime, from the stratified granite of Welsendorf, in the Upper Palatinate, on rubbing, gives out an odour resembling hydrochloric acid, and on examination by M. Schrötter has been found to manifest energetically all the reactions proper to ozone. Future researches will be laid before the Academy, in whose reports they will be published.—*Ibid.*

—

Vitality of Toads.—Towards the year 1850, a workman, in the neighbourhood of Blois (France), struck a mass of silex with his pickaxe, and saw a live toad jump out of the stone. At that period doubts were entertained as to the supposed indefinite vitality of toads, which had been deduced from the above-mentioned fact; and M. Duméril showed that toads, having cartilaginous ribs, could introduce the whole body where the head would enter. These animals are fond of slipping thus into very small apertures and crevices; and hence the error about their vitality when confined within stone. M. Milne Edwards' father, in order to bring the matter under direct experiment, buried some toads in plaster, and where, from the porosity of the plaster, or the existence of crevices, air could penetrate, the creatures lived several weeks, and even months; one, in fact, lived thus for *eighteen months*, this being the only authentic fact of the kind. When, however, the plaster had neither porosity nor crevices, the animals were always found dead and dried up.

At a late meeting of the Academy of Sciences of Paris, the members present had an opportunity of breaking up masses of plaster, in which M. Séguin had imprisoned a viper and a toad in 1852. Both animals were found dead, and evidently dried up for a number of years.—*Lancet*, July 14, 1860.

Magnesium a Source of Light.—This rare metal inflames at the temperature at which bottle glass softens. According to M. Bunsen the light of the solar disc exceeds that of inflamed magnesium only by 524.7. M. Schmitt therefore recommends the use of the flame as a source of light at night for photographers, especially as the photo-chemical power of the sun only exceeds by 36.6 that of the flame of magnesium. M. Nicklès (in the *Journal de Pharmacie*) says that M. Schmitt seems not to have considered the volatility of the metal, which, according to Deville and De Bray, has its points of ebullition nearly the same as zinc. —*Ibid.*

—

Mr. Alcock and Attempted Murder of Regent of Japan.—Mr. Rutherford Alcock, who was Surgeon of the British Legion in Spain, is now representative of England in Japan. In a very interesting despatch to Lord John Russell on the attempted murder of the Regent of Japan, he writes: "I thought it right, on receiving the official intelligence, to address a few lines of condolence to the Ministers of Foreign Affairs, and of congratulation also, at the escape of the Go-tai-ro out of the hands of the assassins. I added that, possessing some surgical experience, my services should be at the disposal of the Regent; but I have little idea that they will be accepted, nor have I much reason to desire it, under all the circumstances. Yet, looking at the low state of their medical and surgical knowledge, it seemed but an act of common humanity, as well as of courtesy, to make the offer, and I trust your lordship will approve of my having taken this course."—*Ibid.*

—

University College.—Professor Lindley has resigned the chair of Botany, which he has held for many years, with great distinction, in this institution.

—

Casting Platinum.—MM. Ste-Claire Deville and Debray are still proceeding successfully in casting platinum. At a recent meeting of the French Academy of Sciences they exhibited two ingots of this metal, the two weighing 55 lbs., cast in the same furnace and run into a mould of forged iron. The surface of the metal, which was cast with great perfection, bears the impression of the characters engraved on the mould. These gentlemen say that their experiments prove that platinum can be cast in as large masses as may be desired.—*Med. Times and Gaz.*, July 7, 1860.

—

Modern Civilization.—If the seventeenth century stood in need of such help as the establishment of societies, such as these afforded it; surely the nineteenth needs it too. If there were darkness and superstition to be dispelled then, I think I am not wrong in saying that, with an increase of intellectual energy and illumination, there is comparatively as much, if not more, moral and spiritual gloom now. If, a century and a half ago, Sir John Floyer sent the infant lexicographer to Queen Anne to be "touched for the Evil," we have in our days the humiliating spectacle of men, who have been trained in the highest seats of learning, and who have even sipped at brooks that "flow fast by the oracles of God," endeavouring to disseminate a belief in the most debasing dogmas;—a belief in demoniacal agency through the medium of "table turning" "and spirit rapping;" in "coming tribulations," as well as in the silly and vulgar conceits of the disciples of Mesmer and Hahnemann; and mankind were never more eager to become their dupes.—Mr. Gay.—*Med. Times and Gaz.*, July 7, 1860.

—

Successful Herniotomy four days after Parturition.—M. Kuhn has published, in the *Gazette Hebdomadaire*, the case of a woman who was confined of her sixth child whilst affected with inguinal hernia of only a few months' existence. On the fourth day after parturition, symptoms of strangulation showed themselves, and M. Kuhn, finding the taxis extremely painful, operated at once, and succeeded in reducing. The woman did perfectly well —*Lancet*, July 7, 1860.

—

Obituary Record.—Died, at Brighton, June 29, 1860, Thomas Addison, M. D., the late distinguished physician of Guy's Hospital, aged about 67.

—— in Paris, lately. Adolphe Lenoir, surgeon to the Necker Hospital, aged 58.

—— Dr. Robert C. Williams, late President of the Royal College of Surgeons of Ireland.

—— on the 5th June, M. S. Buchanan, M. D., one of the most active members and one of the most zealous and successful teachers of the Medical School of Glasgow.